

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

 State File No. **808**
33

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 927-S-MAIN			
3. NAME OF DECEASED (Type or Print) MAUDE		a. (First) MAUDE		b. (Middle) MEDANIEL		c. (Last) DOUGLAS	
4. DATE OF DEATH 1-15-51		(Month) (Day) (Year)		5. SEX 73		6. COLOR OR RACE NEGRO	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY-6-1885		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) GREENE CO MO		12. CITIZEN OF WHAT COUNTRY? U.S.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOME	
13a. FATHER'S NAME JOHN MEDANIEL		13b. MOTHER'S MAIDEN NAME LIZA MARLEY		14. NAME OF HUSBAND OR WIFE SYLVESTER DOUGLAS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME SYLVESTER DOUGLAS		ADDRESS 927-S-MAIN	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 14 , 19 51 , to Jan 15 , 19 51 , that I last saw the deceased alive on Jan 14 , 19 51 , and that death occurred at 4:30 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Luman W. Brown M.D.		23b. ADDRESS 307 1/2 College Springfield		23c. DATE SIGNED Jan 16 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-18-51		24c. NAME OF CEMETERY OR CREMATORY HARLEY WOOD		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO	
DATE REC'D BY LOCAL REG. 1-18-51		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE H.Y. Smith		ADDRESS 602-71-JEFFERSON	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

 0396
 0

 No. 300
 10.48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Herbert V. Smith

Licensed Embalmer No. *4286*

P. O. Address _____

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.